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SERIAL NUMBER	FILING DATE	FIRST	NAMED APPLICANT		ATTORNEY DOCKET NO.
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All participants (applicar	nt, applicant's representa	tive, PTO personnel):			
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2) UEFF P	NAPP	(4)		
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Type. # Telephonic	reisonal (copy is gi	iven to Lapplicant Li	applicant's representative,		
Exhibit shown or demon	stration conducted: \Box	Yes 🚨 No. If yes, brie	f description:		****
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		e or all of the claims in que		l.	
Claims discussed:	6,11,12,18	2,20,22=20	2 .		
dentification of prior an	discussed: FERR	IERE etal.	MIZZUHARA		
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A fuller description, if ttached. Also, where no	necessary, and a copy of copy of the amendment	of the amendments, if avail s which would render the c	able, which the examiner ag laims allowable is available, a	greed would rend a summary there	der the claims allowable must of must be attached.)
IOT WAIVED AND MU	IST INCLUDE THE SU	BSTANCE OF THE INTE	RVIEW (e.g., items $1-7$ on	the reverse side	THE LAST OFFICE ACTION of this form). If a response to totoof the substance of the intervience.
☐ It is not necessary	for applicant to provide	a separate record of the sul	ostance of the interview.		
requirements that	r's interview summary a may be present in the l ents of the last Office ac	last Office action, and since	ments) reflects a complete the claims are now allowable	response to each	of the objections, rejections and form is considered to fulfill the
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